



The House Committee on
HOMELAND SECURITY

Peter T. King (R-NY), Chairman

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Statement of Chairman Gus M. Bilirakis

Subcommittee on Emergency Preparedness, Response, and Communications

**“Ensuring Effective Preparedness, Response, and Recovery for Events Impacting
Health Security”**

March 17, 2011

Last week, this Subcommittee held a hearing to examine FEMA’s capacity to ensure effective preparedness and response for terrorist attacks, natural disasters, and other emergencies. I now look forward to having a similar conversation with the Assistant Secretary to ensure that the Office of Health Affairs (OHA) is meeting its mandates with respect to preparedness, response, and recovery, and thereby doing its part to meet the Nation’s health security challenges.

While this hearing has been scheduled for some time, it is particularly timely in light of the recent catastrophe in Japan. Our thoughts are with the Japanese people as they continue to respond to this tragedy and begin to recover. Of course, the United States stands ready to assist our ally in this difficult time.

As we work to assist Japan, we must also reflect on our own level of preparedness should we ever experience a similar event in the United States.

The Office of Health Affairs’ mission is to provide health and medical expertise in support of the Department’s mission to prepare for, respond to, and recover from all

hazards impacting the nation's security. That is, to protect our health in the case of a national incident with health consequences.

This is a valid mission that I think is not always well understood. But OHA's accomplishments are real. For example, during the 2009 H1N1 influenza outbreak, the Assistant Secretary briefed the Secretary and other DHS leaders on matters such as where the flu was spreading, whether closing the border with Mexico could slow its progression, and how DHS could mobilize resources to assist in the response. Staff in the Workforce Division are working to ensure that emergency medical personnel, such as EMTs with the Border Patrol, are adequately credentialed when they cross state lines in the course of their duties. And OHA operates the BioWatch Program, a deployment of detectors in more than 30 metropolitan areas designed to detect aerosolized agents of bioterrorism. The Subcommittee looks forward to learning more about these successes, as well as ongoing challenges.

I would particularly like to hear more about the Office of Health Affairs' work with interagency partners on the development, procurement, and distribution of medical countermeasures. This is a topic that this Subcommittee will consider more specifically in the future, but I would like to begin our conversation today.

The President's Fiscal Year 2012 budget request includes \$161 million for the Office of Health Affairs, a \$21 million increase over the Fiscal Year 2011 continuing resolution. The BioWatch Program accounts for the vast majority of this spending. While BioWatch is not the only activity for which your office is responsible, it is, however, the most expensive.

The request includes \$115 million for BioWatch, \$25 million of which will go toward operational testing of next-generation technology.

If successful, this new system would enable a drastic decrease in detection time from the current 12-36 hours to 4-6 hours. It would also provide detectors that could function

reliably indoors. Such milestones would be important advances, but I, and other Members, are concerned that the timeline for deployment has been repeatedly delayed. I am also concerned that the testing phase includes only one type of technology. There had been two viable competitors going through the process, and now you are down to one before you have even gotten to field and operational testing and evaluation. I look forward to hearing from you about why this is the case, and how we can increase competition to ensure that, at the end of the day, we have a robust BioWatch Program with the best technology, conops, and buy-in from the communities in which it is deployed.

Finally, I would like to discuss the National Biosurveillance and Integration Center (NBIC), which seeks to achieve the important goal of fusing many inputs of biosurveillance data to provide early detection of an event of national significance, such as an anthrax outbreak. The President's budget requests \$7 million for NBIC, an amount consistent with historical funding levels for this program.

While an effective national biosurveillance capability is an important component of preparedness and response, the necessary cooperation from other Federal agencies remains lacking, and has led to an *ineffective* NBIC that has not met its statutory mandates.

Continued funding at this level under the current operating scheme will be money wasted. While we are pleased that DHS has recognized the shortcomings of NBIC and has developed a plan to confront its challenges, I believe we really need to see a demonstrable increase in value prior to supporting ongoing appropriations.

With that, I look forward to hearing from Dr. Garza on his budget request and on the activities and challenges of his office.

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